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1. There are no signs of bacteriological warfare, research or development in Yugoslavia. BW defense training, as such, is unnoticeable to the casual visitor, and army activities, if any in this field, are shrouded in mystery. Inquiries along such lines are met with negative answers or no answers at all.
2. Defense against a BW attack would follow the usual approach toward the outbreak of any communicable disease, viz., identification of the causative agent at the Institute of Hygiene of the republic affected (Serbia, Macedonia, etc.), and application of whatever therapeutic agents are available. The entire country has an adequate supply of serums and vaccines for normal needs, but has very little antibiotics. Yugoslavia is absolutely incapable of fighting against a BW attack, especially since its public health organization is only just beginning to function.
3. The antibiotics industry is in its infancy. There is a penicillin factory at Zemun, but it is only a small part of the Galenika pharmaceutical plant located there.

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4. Penicillin is produced at Galenika. It is obtained in an amorphous form, and this Galenika-made penicillin is available on the market only

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in an oil suspension. Crystalline penicillin has not yet been prepared in Yugoslavia for countrywide distribution. The exact amounts prepared at Galenika are not known, but are inadequate for the needs of the country.

5. No other antibiotics are prepared in Yugoslavia. Possibly antibiotics are being stockpiled. Only small amounts are being made available throughout the country.
6. The number of physicians in Yugoslavia who have had training in hygiene, (bacteriology, epidemiology and other public health subjects) is about 150. These men are concentrated in the cities. There are Institutes of Hygiene in all of the major cities of Yugoslavia. These institutes are public health laboratories, and are equivalent to the German Staatsgesundheitsamt. They do not prepare serums and vaccines, but obtain these from a serum producing plant at Zemun. They perform blood and serum analyses, water analyses, and occasionally food analyses. These institutes can serve as clinical laboratories when necessary.
7. In Skopje, Macedonia, the Institute of Hygiene is a part of the university in that city. As a university section it also trains medical students in clinical and public health laboratory procedures. It is the central laboratory for all of Macedonia.
8. The most serious problem in Yugoslavia at this time is the widespread occurrence of dysentery and paratyphoid. Typhoid is not of immediate concern since there is practically none at present. The spread of intestinal diseases is fostered by a general lack of plumbing and sewage facilities. The use of wells is common. These wells are invariably shallow and are easily contaminated by seepage washings from human and cattle excrement. In such a major city as Skopje, most of the town is without a sewage system.
9. Syphilis is endemic and hereditary in southern Yugoslavia, particularly in the areas next to Albania. There are about 60,000 cases in the country, and these have never been treated. Whole villages are afflicted with the disease.
10. In 1950, or 1951, a single concentrated effort was made to wipe out malaria. DDT was used lavishly, and swamp drainage was initiated. In 1952, as a result of this campaign, there were less than 50 new cases, which represents a triumph for the Macedonian health authorities. However the effort has not been repeated, and it is the opinion of authorities in Belgrade that malaria will once again become endemic in the south, unless a follow-up campaign is made. The Macedonians are at present attempting to lower the level of Lake Ohrid to increase the drainage of swamps in the area. This is being achieved by dredging out the channel of the Cerni Drin river.
11. Eye and skin diseases in Yugoslavia, brought on by filthy living conditions, are common.
12. All government employed citizens must belong to the social and health insurance program (Uzret) of the country. Since most enterprises are state owned, about 80 per cent of the population are compelled to maintain membership in the Uzret. Members can report to the offices of the Uzret for free medical assistance. This assistance is on a very low level, and physicians who can offer private services are flourishing. Although the Uzret medical care is free, drug prices are very high, and the sick are under a terrific financial burden. A consequence of this is that the sick simply do not visit the doctors.

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13. Foreign antibiotics, e.g., aureomycin and chloromycetin, can be bought on the black market for 150 dinars per 250 mg.
14. Medical care generally is poor. Even at the University of Skoplje's Women's Clinic birth conditions are primitive. However, other sections of the medical school are good. At the surgical clinic is a Dr. Jusbasic, who is now dean of the medical faculty. He studied at Frankfurt/Main, Germany, under Prof. Schmiedin, and is technically competent. There is a new professor of Forensic Medicine, a new OB-GYN (sic) man and a good pharmacologist. The Chief of Internal Medicine is about 80 years old, and his methods are archaic; he is said to be of Russian origin.
15. Because of the poor quality of the medical care in the country, the government of each republic is attempting to induce foreign physicians, e.g., Germans, to serve in the republics. Foreigners are offered 25,000 dinars per month if they will sign a contract for several years service.
16. The income of the average middle class worker is 6 to 8000 dinars per month. Party officials get about 12,000 dinars per month. Doctors at the university who, because of their specialty, do not have private practices (e.g., physiologists, bacteriologists and pharmacologists) get 12,000 dinars per month, if they hold professorial rank. Students preparing for the research-type positions are not very numerous because they cannot look forward to a high salary, nor augment their salary with a private practice. Hence the number of students training in the field of hygiene is small.
17. Seventy students will graduate in medicine from the University of Skoplje in 1953. That year marks the first year that medical students have graduated from a Macedonian medical school. Thus it is anticipated that the level of medical care in Macedonia will gradually rise, as more and more physicians become available from the Skoplje medical school.
18. Despite the poor state of medicine at the present time, it is generally conceded that there has been an improvement under the present regime. There is also a higher level in the northern part of Yugoslavia than in the South. There are in Yugoslavia considerable stretches of unpopulated areas, and there is much work to do without sufficient manpower. There is a desperate need for all kinds of specialists. Apparently many of these specialists are being obtained by the importation of young German doctors, who are placed under contract for several years stay.
19. Milk in Yugoslavia is usually unpasteurized, and is obtained only rarely in the markets because of the lack of transportation and refrigeration. Milk is frequently supplied in old beer bottles, with dirty corks or similar unsanitary covers. There is an officially instigated checking of food, but only at the source of supply. This checking is done by veterinarians, from the respective Institutes of Hygiene. Food, including meat, is sold in open shops without refrigeration, and is frequently spoiled. Butter is usually spoiled, and is hardly obtainable. Food prices are not high, but food supply is barely adequate for the needs of the population.
20. Despite the fact that there is an obvious absence of stout people, no signs of any nutritional deficiencies are noted in the population.
21. Foreigners who come to Yugoslavia are subject to a bout of diarrhea of several days duration, because of the unsanitary character of the food.
22. Physicians who wish to engage in private practice in Yugoslavia must request permission from the State to do so. If permission is granted, as it frequently is, the physician can charge 200 dinars per visit. Because the Uzret medical care is very poor, private physicians are able to command this high price.

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23. The Yugoslav physicians now have available for use in the treatment of tuberculosis, a product called Isazid or Isonazid. This product is probably very closely related to, or the same as, the German developed product Conteben. The name may not be a reliable indicator but it strongly suggests the isonicotinic acid hydrazide agent.
24. Medical research in Yugoslavia is carried out only at the medical faculties of the universities and at the Central Bacteriological Institute in Belgrade. The only hindrance to research by a physician so inclined is a lack of financial support and of equipment, i.e. mechanical means to assist in carrying out a problem. Equipment is definitely in short supply.
25. The Central Bacteriological Institute is a single organization and is in a separate building from the Institute of Hygiene, in Belgrade. The latter institute has the same duties as the other Hygiene Institutes in the several federated republics. Both institutes are on the university grounds in Belgrade. Students are regularly taught at the Institute of Hygiene as part of their medical school training. It is also true that personnel at the Central Bacteriological Institute can assist in the training of university students.
26. The Central Bacteriological Institute in Belgrade is engaged in research on public health problems, e.g., methods of control of infectious diseases. One project now under way is a study of the effects of hormones (ACTH or cortizone possibly is being employed) on the course of tetanus disease. Tetanus is spread throughout northern Yugoslavia along the banks of the main rivers, and constitutes a very important disease problem in the country.
27. There is also a Bacteriological Research Institute at Novi Sad. It appears that a very close connection exists between the personnel who work at the Institute (Central Bacteriological Institute) in Belgrade, and at the Institute in Novi Sad. It is quite possible that the direction for research at both Institutes comes from one office, in Belgrade, and the research problems come from one governmental organization. Research activity at Novi Sad appears to be very limited, presumably because of lack of adequate funds. No teaching of students is done at Novi Sad.
28. Although the Central Bacteriological Institute in Belgrade bears the name Central, it has, up to recently, had little or no central authority. Each republic has been autonomous in public health affairs. Nevertheless the intent of the federal government is to make the Central Bacteriological Institute a central public health establishment in fact. The struggle against dysentery is the first real public health activity directed centrally by the Belgrade Institute. This project marks the beginning of its centralized authority over the whole of Yugoslavia. It exerts this authority by dispatching two or three specialists who are authorized to direct counter-measures to any area where a disease problem exists. Unfortunately, the equipment furnished these specialists is limited and their authority is accordingly lessened.
29. [redacted] no information about the Military Microbiological Institute in Ljubljana; nor about the Lek plant at Menges; a bacteriological research institute, Jugolek (sic) or a Lek plant at Zemun. The Military Institute at Ljubljana is the Central Laboratory for the Armed Forces. There is no synthetic (manufacturing) pharmaceutical industry in Macedonia. That republic is engaged in the cultivation of plants yielding opium and other alkaloids, and this represents its only drug industry. These plants are partially processed in Macedonia, but further treatment is carried out in northern factories, or the raw material is exported as such.

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30. The city of Belgrade, situated on a hill, has a water problem. Its sewage water and industrial water empties into the Sava river. Industrial waters contain considerable phenol-like compounds and some acid wastes because of a complete absence of effluent treatment plants. There is no life possible in the lower Danube or especially in the Sava. River baths are taken in the untreated water, contaminated though it is. Belgrade does have a sewage disposal plant utilizing sieves and sedimentation. However the Sava river level sinks drastically during any dry period, and a trickle of sewage flowing to the receding channel can be observed from the river bank.

31. Titograd, a new city rebuilt on the ruins of a war-destroyed city, is a modern industrial city. All houses have been furnished with toilets, but because of the speed with which Titograd was built the city does not yet possess canalization.

25X1 [redacted] Comment: [redacted] a book entitled "Gotovi Lekovi" published by Medicinska Knjiga (Belgrade; 1950) [redacted] 25X1  
[redacted] lists pharmaceuticals and biologicals available in Yugoslavia.

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